

# Flynn Insurance Group Auto

## Personal Information:

Name (First, MI, Last): \_\_\_\_\_

DL#: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

## Additional Driver Information:

Name (First, MI, Last): \_\_\_\_\_

DL#: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Relationship: \_\_\_\_\_ Defensive Driver Course? ( Y / N )

Occupation: \_\_\_\_\_ Education / GPA : \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_

DL#: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Relationship: \_\_\_\_\_ Defensive Driver Course? ( Y / N )

Occupation: \_\_\_\_\_ Education / GPA : \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_

DL#: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Occupation: \_\_\_\_\_ Education / GPA : \_\_\_\_\_

Relationship: \_\_\_\_\_ Defensive Driver Course? ( Y / N )

**Vehicle Information:**

Year/ Make/ Model

- 1. \_\_\_\_\_ VIN: \_\_\_\_\_  
(full coverage / liability only) Ded: 500 1000 other: \_\_\_\_\_  
Use: Work/School OR Pleasure Miles driven 1 Way: \_\_\_\_\_  
Year Purchased: \_\_\_\_\_ Lien: \_\_\_\_\_
  
- 2. \_\_\_\_\_ VIN: \_\_\_\_\_  
(full coverage / liability only) Ded: 500 1000 other: \_\_\_\_\_  
Use: Work/School OR Pleasure Miles driven 1 Way: \_\_\_\_\_  
Year Purchased: \_\_\_\_\_ Lien: \_\_\_\_\_
  
- 3. \_\_\_\_\_ VIN: \_\_\_\_\_  
(full coverage / liability only) Ded: 500 1000 other: \_\_\_\_\_  
Use: Work/School OR Pleasure Miles driven 1 Way: \_\_\_\_\_  
Year Purchased: \_\_\_\_\_ Lien: \_\_\_\_\_
  
- 4. \_\_\_\_\_ VIN: \_\_\_\_\_  
(full coverage / liability only) Ded: 500 1000 other: \_\_\_\_\_  
Use: Work/School OR Pleasure Miles driven 1 Way: \_\_\_\_\_  
Year Purchased: \_\_\_\_\_ Lien: \_\_\_\_\_

Rental Car Coverage: ( Y / N )

Towing Coverage: ( Y / N )

**Prior Ins. Company Info**

Company: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Current Premium: \_\_\_\_\_ Renewal: \_\_\_\_\_

Any At Fault Accidents within the last 5 years?

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# Flynn Insurance Group Home

**Home Information: (if you need renters' insurance, you do not need to fill in this section.)**

Year Built: \_\_\_\_\_ Year Purchased: \_\_\_\_\_ Square Footage - Ground Level: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ **Brick or Frame** Exterior Wall Material: \_\_\_\_\_

Roof Material: \_\_\_\_\_ Roof Age: \_\_\_\_\_ Heat Age/Type: \_\_\_\_\_

Electric Age: \_\_\_\_\_ Plumbing Age: \_\_\_\_\_ Breakers: (Y/N) A/C: (Y/N) Home Alarm (Y/N)

Garage: **Attached or Detached** How many stalls: \_\_\_\_\_

Basement: (Y/N) Finished: (Y/N) % Finished: \_\_\_\_\_

Bathrooms: # Full: \_\_\_\_\_ # Half: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Fireplace (Y/N) If yes, Type: \_\_\_\_\_

Solar Panels: (Y/N) How Many: \_\_\_\_\_ Installation Cost: \_\_\_\_\_

Dogs (Y/N) If Yes, What Breed: \_\_\_\_\_

Pool (Y/N) Trampoline (Y/N)

Is this a secondary home? (Y/N) Mailing Address: \_\_\_\_\_

# of Occupants: \_\_\_\_\_

## Coverages:

Dwelling Coverage: \_\_\_\_\_

Deductible: \_\_\_\_\_

Personal Liability : \_\_\_\_\_

## Prior Ins. Company Info

Company: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Current Premium: \_\_\_\_\_ Renewal: \_\_\_\_\_